

M04000005073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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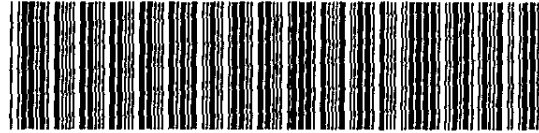
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2004 NOV 15 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/14/04

November 8, 2004

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I am submitting my application to transact business in Florida. If you need to reach me please call 636-262-8905.

Sincerely,



Gregory M. Pope  
A Plus Homework LLC  
400 Robin Hood Circle, Unit 101  
Naples, FL 34104

MGR A PLUS HOMEWORK LLC

2004 NOV 15 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(11:20)

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A PLUS HOMEWORK LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GREGORY M. POPE  
(Name of Person)

A PLUS HOMEWORK LLC  
(Firm/Company)

400 ROBIN HOOD CIRCLE UNIT 101  
(Address)

NAPLES, FL 34104  
(City/State and Zip Code)

For further information concerning this matter, please call:

GREGORY M. POPE at (636) 262-8905  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2004 MAY 15 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. A PLUS HOMEWORK LLC  
(Name of foreign limited liability company)

2. MISSOURI (SECRETARY OF STATE) 42-1588218  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 4-14-2003 5. —  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 400 ROBIN HOOD CIRCLE UNIT 101  
NAPLES, FL 34104  
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

GREGORY MERRILL POPE  
400 ROBIN HOOD CIRCLE  
NAPLES, FL 34104

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: HOME IMPROVEMENTS, RENOV., HOME INSPECTIONS, PERM. TESTING AND VARIOUS OTHER INSPECTIONS, LANDSCAPING, HAKING, HOME IMPROVEMENTS INTERIOR & EXTERIOR BUILDING & LAND AND ANY AND ALL LAWFUL BUSINESS FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED.

Gregory Merrill Pope MGR A PLUS HOMEWORK LLC  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GREGORY MERRILL POPE  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE  
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

APLUS HOMEWORK LLC

2. The name and the Florida street address of the registered agent and office are:

CLAIRE GUTAN

(Name)

209 ROBIN HOOD CIRCLE UNIT 101

Florida street address (P.O. Box **NOT** ACCEPTABLE)

NAPLES

FL

34109

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Claire Gutan

(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

2004 NOV 15 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

No. LC0081765

# STATE OF MISSOURI



Matt Blunt  
Secretary of State

CERTIFICATE OF ORGANIZATION  
LIMITED LIABILITY COMPANY

2004 JUN 15 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


WHEREAS,

A PLUS HOMEWORK LLC

filed its ARTICLES OF ORGANIZATION with this office on the 14th day of APRIL, 2003, and that filing was found to conform to the Missouri Limited Liability Company Act;

NOW, THEREFORE, I, MATT BLUNT, Secretary of State of the State of Missouri, by virtue of authority vested in me by law, do certify and declare that on the 14th day of APRIL, 2003, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 14th day of APRIL, 2003.

  
Secretary of State

\$105.00

